

State of Delaware
Delaware Department of Correction
Health Care Services RFP 2828

The Proposal Review Committee has completed a review of your proposal and has developed a list of questions designed to provide clarification to the committee. Please respond to these question no later than Tuesday 5/21/2002, 4:30 EST.

First Correctional Medical

1. Page 35 indicates "FCM will ensure that twenty-four hour emergency care is available to every facility and that an on-call licensed health care provider is available and ready to respond within thirty minutes to any site that does not have an infirmary." Please describe how this will work at the smaller facilities statewide.

Response:

FCM's transition team will develop a comprehensive plan that addresses the provision of emergency care at all times at all facilities. In possibly life threatening emergencies, medical and correctional staff will follow established protocols for emergencies. These include providing first aid, calling 9-1-1, and ensuring appropriate emergency transport. FCM will have in place arrangements with local hospitals and other providers for such responses.

FCM has on-call at all times a physician who is trained to provide telephone triage and issue a variety of orders for inmates with medical concerns. This includes immediately sending an inmate to a hospital via correctional staff vehicle or ambulance. Other options are ordering particular treatment for the following day and calling in medical staff to care for the inmate's needs.

The on-call physician would also be contacted for inmate disturbances with more than one injured inmate. In such circumstances, the physician would call in an off duty nurse or move one from another facility to triage the inmates and determine needed levels of care.

2. Page 36, 2nd full paragraph describes "medical observation beds on-site." Please describe how this will operate at facilities without 24-hour coverage.

Response:

FCM will work with staff of the Department of Correction to establish a plan for transferring inmates in need of medical observation beds to appropriate facilities. In unusual circumstances, inmates will be transferred to local hospitals if no appropriate beds are available in other facilities because of such factors of the inmate's sex, security status, location, or medical condition.

If possible and warranted, FCM will provide health services staff to provide medical observation allowing an inmate to remain at a facility overnight. For example, at Plummer

Community Correctional Center, an inmate needing such care could be placed in a regular cell or the suicide cell in the central administration area and appropriate medical personnel could remain throughout the night. This would decrease costs to both the Department of Correction (for security) and FCM (for off-site care) and also decrease the possibility of escape.

3. Page 37, third paragraph references the CDC standards for positive PPD. Please describe the difference between the CDC standards and NCCHC standards.

Response:

There is no difference. NCCHC follows the standards of the CDC.

4. The resume for Tammy Y. Kastre, M.D. indicates that First Correctional Medical is a "subvendor" for correctional medical services. Please explain.

Response:

This is an error on the résumé of Dr. Kastre. At the North Coast Correctional Treatment Facility, the Lake Erie Correctional Institution, and Central North Correctional Center, FCM contracts with Management & Training Corporation (MTC), the third largest U.S. private custody company. At these facilities, FCM provides comprehensive dental, medical, and mental health services. MTC in turn contracts with the governmental entity (U.S. state or Canadian province) for overall correctional services. At the Pima County Adult Detention Center (and Juvenile Detention Center effective July 1, 2002), FCM contracts directly with Pima County Division of Institutional Health to provide comprehensive correctional health services.

5. Page 40, Sick Call procedures indicates that "a registered nurse will make "regular" rounds of housing units..... Please describe "regular" and explain for smaller facilities. Is this just Administrative Segregation?

Response:

A nurse will make daily rounds every eight hours for regular pill pass for inmates in locked down areas and in segregation. During one pill pass, the nurse will inquire as to any immediate health care needs or concerns of the inmates. In smaller facilities, a nurse will collect sick call request slips and inquire about any immediate health care needs or concerns.

6. Page 41, 1st paragraph "Inmates with positive PPDs or exhibiting signs and symptoms of possible tuberculosis will be isolated immediately." Please explain. Should this be "Inmates with positive PPDs "and" exhibiting signs.....?"

Response:

Care for inmates with possible tuberculosis are triaged into three groups as outlined below. For any inmate with a positive PPD, FCM recommends HIV consent and testing to determine the person's HIV status.

- Inmates with a positive PPD but no symptoms will receive a chest x-ray within seventy-two hours and follow-up by a provider in three to five days to discuss if the inmate meets the CDC criteria for prophylaxis.
 - Inmates with a positive PPD and positive symptoms will be placed in isolation, receive a chest x-ray within twenty-four to forty-eight hours, and receive follow-up by a provider within twenty-four hours to discuss treatment orders. Inmates with a positive PPD and positive symptoms will also receive three sputums and AFB smears.
 - Inmates with a negative PPD, but positive for symptoms will be placed in isolation and receive a chest x-ray within forty-eight hours and provider evaluation with consideration of the possibility of the inmate's being a nonresponder secondary to a compromised immune system.
7. Please describe services for women at Plummer Community Correctional Facility, Sussex Violation of Probation Center, and Morris Community Correctional Facility.

Response:

The majority of health services to inmates are identical for male and female inmates. However, as outlined in FCM's proposal, providing health services to incarcerated women creates special concerns and issues not only for custody staff but also for health services staff. Therefore, health services staff will design a program of services specific to the needs of the women at the facilities that house women.

According to a position statement of the NCCHC, incarcerated women utilize health care services much more frequently than men do. Some of this may be physiological (such as the complexity of the female reproduction system, sexually transmitted diseases, and pregnancies.) But much is caused in all or in part by emotional or mental health concerns. These include alcohol and drug abuse, depression, stress, history of sexual abuse, and psychiatric problems.

To handle the special health concerns of incarcerated women, FCM will follow the guidelines of the NCCHC in such areas as pregnancy counseling and services, prenatal care, and family services. Further, FCM will ensure that its intake and health assessments include such components as histories on menstrual cycles, pregnancies, gynecological problems, and nutritional intake. The intake exam will include a breast exam, sexual history, past medical history, pelvic exam, Pap smear, and baseline mammogram (based on age or other factors). An additional vital component that FCM will provide is appropriate services to detect sexually transmitted diseases including gonorrhea, syphilis, and chlamydia. Care to females will also include appropriate HIV and AIDS services.

To meet the emotional and mental health problems more common to women, FCM's services will emphasize more intense mental health services including groups such as

parenting education, self esteem, and other groups specific to the needs of the women. One of the most important features of the program is active community linkage for all types of services following the female inmate's release. These include referral for specific programs and medical and mental health appointments.

8. Please explain when the Medical Director will be on site.

Response:

FCM will hire a full-time Delaware medical director. This individual will work approximately twenty hours per week providing direct clinical services and twenty hours per week providing administrative functions in the various facilities. The Delaware medical director will provide direct clinical services on a rotating basis by providing coverage for providers on leave (for vacation usually).

The other twenty hours per week, this physician will provide administrative services at a variety of facilities. This will include chart reviews and one-on-one peer reviews on topics such as pharmacy usage management, following policies and protocols and standards of care, etc. This individual will also serve as a clinical resource for other clinical staff, including the health services administrators.

Each facility will have a designated medical authority, in compliance with NCCHC standards (the facility's physician or health services administrator in the physician's absence). Besides having a designated medical authority, FCM's Delaware medical director will serve as the single point of contact for the Department of Correction for critical medical issues and clinical processes. Having one person as the ultimate medical authority will streamline and simplify processes.

The Delaware medical director will be supported through a comprehensive, customized educational program that will be designed specifically to meet the needs of the physician. This will include the opportunity to enhance skills and education through continuing medical education (CME) opportunities and attending relevant conferences sponsored by organizations including the NCCHC and ACA. The Delaware medical director will also receive orientation as needed in other facilities operated by FCM. In addition, the corporate medical director, Dr. Heeten Desai and the CEO, Dr. Tammy Kastre, will be available for consultation and assistance.

9. Page 55 describes Suicide watch. Please provide a staffing breakout for suicide watch.

Response:

Staffing for an inmate on suicide watch varies depending on the level of watch. There are two levels of action that health services staff can pursue—standard watch and extreme watch.

Inmates on standard watch status will be placed in a double cell if the inmate is not considered to be a danger to others. If the person poses a danger to others, the inmate

will be placed in an appropriate segregation unit. An inmate demonstrating self-destructive behavior will be placed in an appropriate segregation unit on level one of the standard watch procedure. Correctional staff observing inmates on standard watch may assume other duties but must observe the inmate every fifteen minutes (at irregular intervals).

Progression from one level to the next will be contingent on the inmate's clinical condition and approval from the appropriate health services personnel. Only a registered nurse, psychiatrist, physician, or clinical psychologist will place an inmate on suicide watch. Such placement may be authorized by telephone. However, an order to confirm this must be signed within twenty-four hours and properly documented. Only the psychologist, psychiatrist, or physician may remove an inmate from suicide watch.

An inmate demonstrating life-threatening behavior will be placed on extreme watch and housed in an appropriate segregation or observation cell. Treatment will include continuous observation by corrections staff (either in person or via camera if the response time by the camera observer is under sixty seconds), a fifteen minute written documentation schedule, and other instructions determined by the health services staff. One correctional officer may observe two inmates on extreme watch if the cells are side-by-side.

An inmate on extreme watch will not be permitted any personal property not any object or clothing that could be used in a suicidal manner. Inmates on this status will also be examined by a physician, mid-level practitioner, or clinical psychologist within twenty-four hours. Behavior management of inmates on extreme watch may include the use of soft restraints and protective helmets, used in accordance with FCM's use of restraints policy. Only the psychologist, psychiatrist, or physician may remove an inmate from suicide watch.

Health services staff will use the least restrictive management orders that are consistent with clinical conditions. Extreme watch orders will require authorization of a physician or psychiatrist (via telephone if necessary) within twelve hours. These orders will be reviewed every twenty-four hours and reassessed for the level of care. Progression from one level of care to the next will be contingent on the inmate's clinical condition and approval by the relevant health services staff.

10. Page 56 describes mental health group sessions. Please describe how this will be done at smaller facilities.

Response:

FCM recognizes the challenges with providing mental health group sessions at the smaller facilities. FCM's mental health staff, although assigned to specific facilities, will also rotate to the other facilities for such services. To the extent possible, FCM will also ensure the availability of community groups in facilities. As it will do in planning emergency services, the transition team will establish a viable plan for providing mental health group sessions in collaboration with staff of the Department of Correction.

11. Page 66 describes approval of non-formulary requests. Please provide approval timeframe for this process.

Response:

Approval of non-formulary medication requests are generally completed within forty-eight hours by the corporate medical director who addresses such requests. However, approval for drugs needed immediately can be provided verbally in four or fewer hours.

12. Page 72 into 73 Department employee services. This is incomplete. Please describe.

Response:

The proposal, beginning on page 115, presents an overview of the training that health services staff can provide to employees of the Department of Correction. The curriculum includes seven modules on topics such as medical emergencies; signs and symptoms of mental illness, mental retardation, and chemical dependency; first aid; inmate transfer to medical facilities; and infectious diseases.

The program can be presented in brief sessions over several days or intensively. FCM can provide to the Department of Correction details of the entire training program as desired. FCM's staff can customize training for corrections staff. For example FCM is currently presenting a two hour education block daily for two weeks to correctional officers at the Pima County Adult Detention Center as part of their annual continuing education. The block includes discussions, education, and hands-on components on topics including emergency medical services, use of backboards and gurneys, and infectious diseases. FCM's nursing educator is responsible for such customized programs.

13. Job description for nursing staff does not include "diploma graduates" Do you accept?

Response:

Yes, if they meet other requirements including successful completion of their pre-service orientation program.

14. Are the nursing salaries presented hourly rates or cap?

Response:

The salaries are average hourly rates. FCM uses the full range of salary rates to compensate staff appropriately taking into consideration their education, experience, and shift differential.

FCM prefers hiring full-time nursing employees who receive full benefits. However, FCM also hires part-time employees, often with a higher hourly rate to compensate for their not receiving benefits. Hiring both full-time and part-time employees allows FCM to hire

nursing staff who are trained in correctional health care. The goal is not to use agency nurses but to have a full group of appropriately trained correctional nurses.

15. Page 99 identifies turnover ratio rates. Is this for a 2 year timeframe only?

Response:

The rates are for the duration of the contracts for the referenced facilities. North Coast Correctional Treatment Facility's contract was effective July 2001 and Lake Erie Correctional Institution was effective April 2000.

16. Are 8 hour shifts an option for nursing staff?

Response:

Yes. FCM usually uses a variety of shift options. Note for example the staffing pattern for the Multi-Purpose Criminal Justice Facility that includes registered nurses who work both twelve and eight hour shifts. The shifts are determined based on factors such as required coverage, services needed at particular times, employees' preference, etc.

17. Will you hire a State Medical Director? Will the 5 chart reviews by the medical director be Delaware specific?

Response:

FCM will hire a full-time Delaware Medical Director. The five charts discussed in the proposal are those that will be reviewed in the formal utilization process as detailed in the utilization review section of the proposal. These five cases will be Delaware specific. However, the Delaware medical director will review far more cases in a less formal setting. Please see the response to question #8 above. The Delaware medical director will review five to twenty-five charts per facility each quarter and provide one-on-one feedback with written documentation to the providers about the charts.

18. Is cost proposal based on 9/1/02 start-up or 6/30 startup? Is pricing based on 12 months?

Response:

The pricing is for the first twelve months regardless of the date of start-up.

19. Many FCM corporate staff will be materially involved on-site in the transition and early operational phases of the project, but V.P./ Director of Mental Health Services does not appear to have a significant on-site role. Please provide additional information regarding Dr. Foti's involvement. We also note that no resume for Dr. Foti was provided.

Response:

Omitting Dr. Foti's résumé was an oversight. She will be instrumental in both the start-up of mental health services and ongoing ones. Mental health services are included in the transition plan submitted with the proposal. Mental health services will parallel the start-up of medical and dental services. For example, in similar timeframes, FCM will interview and hire mental health staff, develop specific programs, and establish contracts for on-site and off-site mental health providers.

Like Tammy Y. Kastre, M.D., chief executive officer; Mike Johnson, director of operations; Glenda Crabbe, R.N., nurse educator; Heeten Desai, M.D., FCM medical director; and Linda Corbin, M.P.A., human resource manager, Dr. Foti will be at the facilities extensively during this period and frequently thereafter. Her résumé is attached.

Kristin M. Foti, Ph.D.
First Correctional Medical
12795 N. Wildlife Avenue
Tucson, Arizona 85737
520-498-1360

1997--Present **First Correctional Medical Inc., First correctional Medical-Ohio, First Correctional Medical Association, First Canadian Correctional Medical**
 Corporation Headquarters Tucson, Arizona
 Vice President and Director, Mental Health Services
 This corporation provides a full range of medical, dental and psychiatric care for inmates, detainees and remandees from eight states, Federal agencies and Canada (Ontario Province) residing in private prisons. Job description: supervision of psychiatrist services, supervision of mental health staff therapeutic interventions, treatment plans, testing, charting, quality assurance, in-service training of medical staff, mental health staff and corrections staff, creating and implementing policies and procedures for mental health services,

EDUCATION

1993--2002 **Pacific Graduate School of Psychology, Palo Alto, California**
 Ph.D. in Clinical Psychology

1984--1993 **University of Arizona, Tucson, Arizona**
 Graduate Psychology course work (43 hours) and Research Assistantship

1969--1973 **Kansas State University, Manhattan, Kansas**
 B.S. Degree in Animal Physiology and Reproduction; Minor in Genetics

CLINICAL EXPERIENCE

1997--Present **Vice President of First Correctional Medical and Director of Mental Health Services**
 First Correctional Medical, Headquarters--Tucson, Arizona
 Supervision of psychiatry and psychology staff therapy interventions, treatment plans, testing protocols and quality assurance.

1996--present **Neuropsychology Researcher**
 University of Arizona Health Sciences Center, Department of Obstetrics and Gynecology Tucson, Arizona

Conducting 200 subject study of pregnant women examining the relationships among thyroid function, demographic variables, memory deficits and post-partum depression.

1998--1999

Internship

Barbara Arons Pavilion, Santa Clara Valley Medical Center, San Jose, California (Stanford University Affiliate)

Duties: Inpatient Individual and group therapy; assessment (Personality, Neuropsychological, Intelligence and Projective), extensive report writing, grand rounds, utilization review meetings, in-service medical and mental health staff training, internship QA, and supervision of students. (1750 hours direct client contact.)

Supervisor and Director of Training: Florence O. Keller Ph.D. Licensed Psychologist

Neuropsychology Supervisor: Joseph Pazdernik, Ph.D. Licensed Psychologist

1996--1997

Therapist (Group, Individual), Cognitive-Behavioral

Therapy, Assessment Personality, Neuropsychological, Projective)

Intern Supervision

Santa Clara Valley Medical Center-Barbara Arons Pavilion and Emergency Psychiatric Services (Fifty bed locked facility) San Jose, California (Stanford University Affiliate)

Inpatient unit patient therapy, emergency interviewing and diagnosis, testing, report writing and grand rounds case presentations. Patient population diverse by diagnosis and ethnicity (Russian, Vietnamese, Hispanic, Pacific Islanders).

Facility Psychiatry Chief: Michael Meade, M.D.

1995--1996

Therapy Team Member, Individual and Couples Therapist

Kurt and Barbara Gronowski Clinic, Pacific Graduate School of Psychology, Palo Alto, California

Supervising and enacting cognitive-behavioral therapy for a group For community outpatient clients; age range--kindergarten to middle age; severity of problems ranging from ADD to bipolar disorder and Huntington's disease.

Supervisor: Don Woods, Ph.D. Licensed Psychologist

1991--1994

Group Facilitator

Tucson AIDS Project, Prevention Services Programs, Tucson, Arizona F.A.C.T.S Program (Family and Child Therapy Services)

Counseling, group and family therapy for HIV+ clients and their families. Interventions ranged from play therapy for children to

cognitive behavioral exercises and interpersonal training strategies for adults and adolescents (six to twelve per group; eight-week course).

1991--1994

Therapist (Individual and Couples)

Tucson AIDS Project, Tucson, Arizona

Client Services Programs

Providing end-of-life therapy interventions for hospice and out patient clients.

Therapist and Program Creator

Tucson AIDS Project, Client Services Programs

"Where is that open window you promised me?"

Grief and bereavement therapy program for families and friends of HIV+ clients (three to ten clients per group; eight weeks per course).

1990-1992

Therapist and Research Assistant

University of Arizona, Department of Psychology

Depression Clinic

Providing combinations of therapeutic interventions (cognitive therapy combined with gestalt two-chair) assessed by voice analysis and video analysis in a research format.

Supervisors: Hal Arkowitz, Ph.D., Licensed Psychologist and Dave Engle, Ph.D., Licensed Psychologist

1987--1989

Neuropsychology Field Assessor

Memory Disorders Clinic, University of Arizona, Arizona Health Sciences Center, Tucson, Arizona

Field re-test verification of AD/DRD diagnosis and patient status using the Halstead-Reitan Test Battery, Wechsler Memory Scale-Revised, Wechsler Adult Intelligence Scale-Revised and other neuropsychological instruments.

Supervisors: Alfred Kaszniak, Ph.D., Licensed Psychologist; James Allender, Ph.D., Licensed Psychologist and Mary Fox, Ph.D., Licensed Psychologist

1985--1997

Counselor and Class Teacher

American Cancer Society, Arizona Division

Camp Sunrise for children who have or have had cancer; counselor for terminally ill campers. Classes taught included equine management and training, wildlife conservation, photography, basic drum and percussion instruments basic modern dance. (Three week long sessions in the summer)

Summary of Client Services

Direct Services

One on One Therapy Hours (Outpatient-Inpatient): 6,000 hours minimum
 Neuropsychological Assessment Hours: 790 hours minimum (Not including report writing)
 Group Therapy Hours: 450 hours minimum

Indirect Services

Report Generation: 12,000 hours minimum
 Meetings and Treatment Planning: 1,000 hours minimum

RESEARCH AND PUBLICATIONS

- 2000--2001 University of Arizona, Arizona Health Sciences Center, Department of
 Obstetrics and Gynecology
Co-investigator and Co-author with Karen Lesser, M.D.
 "Thyroid function, post-partum depression and performance on memory tests."
- 1990--1991 University of Arizona, Department of Psychology
 With Hal Arkowitz, Ph.D. (Cognitive Psychology)
Research Assistant and Lecture Speaker
 "Psychotherapy integration: Bringing psychotherapy back into psychology."
Professional Psychologist, 22, 33-37. (1991)
 Also presented as a lecture at the 1991 APA Convention, San Francisco,
 California
- 1987--1988 University of Arizona, Arizona Health Sciences Center
 With James Allender, Ph.D. (Neuropsychology)
Research Assistant and Co-author
 "ADRD: The Piagetian Model in Reverse."
 Presented as a lecture at the 1988 Conference on Neurobehavioral Science,
 Denver, Colorado
- 1986--1987 University of Arizona, Department of Psychology
 With Philip Balch, Ph.D. and A. Belan (Child Psychology)
Research Assistant and Co-author
 "Foster family retention: Factors associated with success and retention of
 foster parents."
Journal of Foster Parenting, 36, 192-200. (1987)
- 1986--1987 University of Arizona, Department of Psychology
 Marvin Kahn, Ph.D., et al. (clinical psychology)
Research Assistant
 "Psychopathology on the streets: Psychological assessment of the homeless."
Professional Psychology: Research and Practice, 18, 580-586. (1987)
- 1984--1985 University of Arizona, Department of Psychology

Robert Lansing, Ph.D. and B. Plassman (Biopsychology)

Research Assistant and Co-author

"Inspiratory muscle responses to airway occlusion during learned breathing movements."

Journal of Neurophysiology, 57, 274-288. (1986)

Also presented as a lecture at the 1988 APA Convention, Anaheim, California

1983--1984

University of New Mexico, Department of Psychology

John Rhodes, Ph.D. and P. W. Kodituwakku (Neuropsychology)

Research Assistant

"Time perception as a function of arousal and personality."

1982--1983

University of New Mexico, Department of Psychology

Janet Belew, Ph.D. (social psychology)

Research Assistant

"Stereotyped interpretations of neutral photographic stimuli by younger and older subjects."

Presented as a lecture at the 1983 Florida Psychology Association Convention, Miami, Florida

1978--1979

University of New Mexico Medical School, Department of Endocrinology

Susan Engelken, M. D. and Philip Eaton, M. D.

Research Assistant and Laboratory Technician

"The effects of altered thyroid hormone status on lipid metabolism in the genetic hyperlipemic Zucker rat."

Atherosclerosis, 38, 1177-1188. (1980)

"Thyroid hormone-induced dissociation between plasma triglycerides and cholesterol regulation in the homozygous Zucker rat."

Endocrinology, 107, 208-213. (1980)

PROFESSIONAL MEMBERSHIPS

International Association for Cognitive Psychotherapy

American Psychological Association--Graduate Student Affiliate

American Psychological Association Division 12 Clinical Psychology

American Psychological Association Division 40 Clinical Neuropsychology